

## **Application Data Sheet**

### **Application Information**

|   |   |
|---|---|
| <b>Filing Date::</b>                    | 03/15/04  |
| <b>Application Type::</b>               | Regular   |
| <b>Subject Matter::</b>                 | Utility   |
| <b>Suggested Group Art Unit::</b>       | None  |
| <b>CD-ROM or CD-R?::</b>                | None  |
| <b>Title::</b>                          | ABLATION PROBE WITH PELTIER EFFECT<br>THERMAL CONTROL |
| <b>Attorney Docket Number::</b>         | 28-7034142001 (03-180)                                |
| <b>Request for Early Publication?::</b> | No  |
| <b>Request for Non-Publication?::</b>   | No  |
| <b>Suggested Drawing Figures::</b>      | 12  |
| <b>Total Drawing Sheets::</b>           | 10  |
| <b>Small Entity::</b>                   | No  |
| <b>Petition included?::</b>             | No  |
| <b>Secrecy Order in Parent Appl.?::</b> | No  |

### **Applicant Information**

|                                      |               |
|--------------------------------------|---------------|
| <b>Applicant Authority type::</b>    | Inventor      |
| <b>Primary Citizenship Country::</b> | US            |
| <b>Status::</b>                      | Full Capacity |
| <b>Given Name::</b>                  | Joseph        |

**Family Name::** Megerman  
**City of Residence::** Brookline  
**State or Province of Residence::** MA  
**Country of Residence::** US  
**Street of mailing address::** 70 Williston Road  
**City of mailing address::** Brookline  
**Country of mailing address::** US  
**State or Province of mailing address::** MA  
**Postal or Zip Code of mailing address::** 02445  
**Applicant Authority type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Paul  
**Family Name::** DiCarlo  
**City of Residence::** Middleboro  
**State or Province of Residence::** MA  
**Country of Residence::** US  
**Street of mailing address::** 10 Starret Avenue  
**City of mailing address::** Middleboro  
**Country of mailing address::** US  
**State or Province of mailing address::** MA  
**Postal or Zip Code of mailing address::** 02346

## Correspondence Information

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## Representative Information

**Representative Customer Number::** 23639

| <b>Representative<br/>Designation::</b> | <b>Registration Number::</b> | <b>Name::</b>  |
|---|------------------------------|----------------|
| Primary                                 | 37,104                       | David T. Burse |